



Massachusetts Department of Public Health

Prescription Monitoring Program

Data Submission Guide Changes; April 2016

MA DPH has selected Appriss as the vendor for the new PMP solution. The Appriss solution provides both a new data collection tool (PMP Clearinghouse) and a new online PMP tool (Massachusetts Prescription Awareness Tool (MassPAT)). This document highlights the key changes to the Data Submitters Guide. Please be sure to read the Data Submission Guide for more information: www.mass.gov/dph/dcp/pmp

Key changes to the Data Submission Guide (v1.2)

Version 1.2 of the Guide was published in April in response to stakeholder feedback. The changes from v1.1 to v1.2 are:

- DSP18-DSP21 are listed as optional not conditional
- Modified condition of AIR07/AIR08
- Added additional compliance language to section 6.2
 - “The initial report is sent out 2 hours after the file has been submitted to the system. Status reports will be received every 24 hours after if errors are continued to be identified within a submitted data file. If a pharmacy does not correct the identified error(s) within the submitted data file after 7 consecutive days of receiving daily file status reports from the PMP Clearinghouse, the pharmacy will be formally reported to the Massachusetts Prescription Monitoring Program. Failure to submit the appropriate corrections may result in immediate escalation to the Board of Pharmacy.”

The table beginning on the next page details the changes from the current specifications for Atlantic Associates to the future specification for Appriss’ PMP Clearinghouse

Legend for new requirements:

- R = Required submission by Massachusetts
- O = Optional submission, please submit if available.
- C = Conditional submission, please refer to notes.



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Prescription Monitoring Program

Data Submission Guide Changes; April 2016

Element ID	Element Name	New (Appriss)	Notes	Current (Atlantic)
IS03	Message Free-form text message.	O		R
PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	O		R
PHA05	Address Information – 1 Freeform text for address information.	C	PHA05 – 07 Required if the DEA in PHA02 cannot be verified in DEA database.	NR
PHA06	Address Information – 2 Freeform text for address information.	C		NR
PHA07	City Address Freeform text for city name.	C		NR
PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	C	If the pharmacy has multiple locations, please submit the chain site ID (location ID).	NR
PAT09	Middle Name Patient's middle name or initial if available.	O		R



Massachusetts Department of Public Health

Prescription Monitoring Program

Data Submission Guide Changes; April 2016

PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	O		R
PAT11	Name Suffix Patient's name suffix such as Jr. or the III.	O		R
PAT13	Address Information – 2 Free-form text for additional address information.	O		R
PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.	R		NR
PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	C	If the patient is not a U.S. Resident, please submit.	R
PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	C	If the patient, is an animal, please submit.	NR



Massachusetts Department of Public Health

Prescription Monitoring Program

Data Submission Guide Changes; April 2016

DSP18	RxNorm Code Qualifier RXNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. <ul style="list-style-type: none"> 01 Sematic Clinical Drug (SCD) 02 Semantic Branded Drug (SBD) 03 Generic Package (GPCK) 04 Branded Package (BPCK) 	O	If DSP12 = 05 (electronic), then DSP18 -21 are Required.	R
DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	O		R
DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	O		R
DSP21	Electronic Prescription Order Number This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	O		R



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PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	O		R
PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	C	If the DEA a prescriber uses (e.g. resident or intern) is a hospital facility ID, submit the DEA suffix.	R



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Data Submission Guide Changes; April 2016

CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable Ingredient is increment by 1.	C	If DSP07 = 06 (compound), then all elements of CDI segment are Required.	
CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. 01 NDC	C		
CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	C		
CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. <ul style="list-style-type: none"> Example: 2.5 	C		
CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> 01 Each (used to report as package) 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent) 	C		



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AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	C	This is required if AIR02 is used.	NR
AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	C	For exceptions to AIR03, AIR04, & AIR05 please see Appendix A in the Dispensation Guide	R
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 04 Permanent Resident Card (Green Card) • 06 Driver's License ID • 08 Tribal ID • 99 Other (agreed upon ID) 	C		R
AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	C		R
AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	C	If the patient is NOT the customer, please submit AIR 07-AIR08.	NR
AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	C		NR



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Follow-up

If we can be of any other assistance, please don't hesitate to get in touch:

PMP general inbox: mapmp.dph@state.ma.us

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